

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/11/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/13/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	5865	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	2654	DUPLICATE OF CLAIM-SYSTEM	7	15013	31186	16173
		8534	2304	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404904	WESTERN HIGHLAN DS LME	8536	1070	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8326	421	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1731	17370	15639
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8800	256	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	49	DUPLICATE OF CLAIM-SYSTEM	1	409	3486	3077
		11	47	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	30	2393	2363
		4102	5	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
3404913	MECKLENBURG COM ENTAL HEALT	21	2855	DUPLICATE OF CLAIM-SYSTEM				
		8800	2300	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5663	12549	6886
		8599	192	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIALOR HEAL	8537	47	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8800	14	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	72	298	226
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	2557	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	501	DUPLICATE OF CLAIM-SYSTEM	0	4155	9561	5406
		8800	400	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				

				FUTURE RA'S.				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8326	558	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	238	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	876	3702	2826
		8534	69	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404920	ALAMANCE CASHEL L AREA MH D	8537	334	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8599	166	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	674	6346	5672
		8505	67	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404921	ORANGE PERSON C HATHAM AREA	8505	2983	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	186	DUPLICATE OF CLAIM-SYSTEM	0	3172	4334	1162
		120	1	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	21	2721	DUPLICATE OF CLAIM-SYSTEM				
		8800	1052	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4047	9913	5866
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8800	58	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		143	47	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	242	2224	1982
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	1258	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8518	161	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	1	1759	13673	11914
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8536	57	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		23	51	SERVICE REQUIRES PRIOR APPROVA L	1	267	2279	2012
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	22	DUPLICATE OF CLAIM-SYSTEM	0	183	1496	1313
		8664	15	SERVICE DENIED, LIMITATION HAS BEEN EXCEEDED FOR THE FISCAL YEAR.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	4	4	0
3404931	WAKE CO HUM SVC BILLING OF	8329	5399	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8536	1000	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	9	7039	7591	552
		8537	348	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	4425	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	740	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5361	8755	3394
		21	98	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLow CARTERET BEHAV HEAL	8505	643	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	271	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1316	2096	780
		11	263	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	932	DUPLICATE OF CLAIM-SYSTEM				
		8326	894	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1849	3827	1978
		8532	19	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	EAST CAROLINA B EHAVIORAL H	8326	508	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	369	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1259	5092	3833
		21	203	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	11	39	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	118	1683	1565
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	8622	61	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8534	21	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER, OR THE NPI SUBMITTED	0	105	2189	2084
		191	20	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	909	DUPLICATE OF CLAIM-SYSTEM				
		167	145	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM	0	1381	3131	1750
		8534	82	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404949	PIEDMONT BEHAVI ORAL HEALTH	8326	1842	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8534	1124	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER, OR THE NPI SUBMITTED	0	3589	4727	1138
		191	265	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				